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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL FRIENDS OF BILL POSEY |                                       |                  |  |                     |
|--|---------------------------------------|------------------|--|---------------------|
| ADDRESS (number and street) P. O. BOX 360877       |                                       |                  |  |                     |
|  |                                       |                  |  |                     |
| CITY, STATE, and ZIP CODE                          |                                       |                  |  |                     |
| MELBOURNE  | FL 329                                |                  |  |                     |
| 2. NAME OF CANDIDATE                               | 3. OFFICE SOUGHT (State and District) |                  | 4. FEC IDENTIFICATION NUMBER   |                     |
| Posey Bill   | House FL 08                           |                  | C00444968  |                     |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING   | YES, IT AMENDS THE NOTICE FILED ON    |                  | /  | /                   |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                      |                  | Date (month,   | Amount              |
| Rathbun Jim  | Rathbun & Associates, Inc.            |                  | day, year)   |                     |
|  |                                       |                  | 11/01/2012   | 1000.00             |
| 4021 Silver Palm Drive                             | 1 Silver Palm Drive                   |                  |  |                     |
|  | Transaction ID : WFT20121011736-1     |                  |  |                     |
| Vero Beach FL 32963                                | Occupation                            |                  |  |                     |
|  | govt. relations                       |                  |  |                     |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                      |                  | Date (month, day, year)  | Amount              |
| Meloon N. Walter                                   | Southeast Marine Sales                |                  | ,, , ,   |                     |
| C400 Matabatt Daniel                               |                                       |                  | 11/01/2012   | 1000.00             |
| 6109 Matchett Road                                 | Transaction ID : WFT20121011737-1     |                  |  |                     |
|  | Occupation                            |                  | -  |                     |
| Orlando FL 32809                                   | president                             |                  |  |                     |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                      |                  | Date (month,   | Amount              |
|  | ramo or Employor                      | Name of Employer |  |                     |
|  |                                       |                  |  |                     |
| Occupation   |                                       |                  |  |                     |
|  |                                       |                  |  |                     |
|  |                                       |                  | -  |                     |
|  |                                       |                  |  |                     |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                      |                  | Date (month,   | Amount              |
|  |                                       |                  | day, year)   |                     |
|  |                                       |                  |  |                     |
|  |                                       |                  |  |                     |
|  | Occupation                            |                  |  |                     |
|  |                                       |                  |  |                     |
|  |                                       |                  |  |                     |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE         | Name of Employer                      |                  | Date (month, day, year)  | Amount              |
|  |                                       |                  | day, your)   |                     |
|  |                                       |                  |  |                     |
|  |                                       |                  |  |                     |
|  |                                       |                  | -  |                     |
|  | Occupation                            |                  |  |                     |
| SIGNATURE (optional)                               |                                       | DATE             | For further  | nformation contact: |
| Watkins Nancy                                      | [Electronically Filed]                |                  | For further information contact: Federal Election Commission                         |                     |
|  |                                       |                  | 999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                     |
|  |                                       | 1                | 1  | *                   |

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